

Two cases say idiopathic scoliosis may be psychosomatic - treating idiopathic scoliosis with the functional muscle manipulation

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Opinion

I have a way to test scoliosis. I ask the patient to stand in front of a full-body mirror with their eyes closed, without looking at their reflection. I ask them to relax, letting their body find its position of comfort, as opposed to “stand straight”. Then I ask them to open their eyes and see how their body is. We do this at the beginning and at the end of the session. I am giving you here the last two cases of scoliosis I treated with Functional Muscle Manipulation.

No, Mom!

The first, a petite young lady of 22 years, that looked 17, a student. Her mom, a university professor and a client of mine, brought her to my practice.

The mother sat in the waiting room. The girl and I had to whisper in order to discuss some private things.

I started working on her back, keeping in mind the hypothesis that I developed while treating earlier cases, that scoliosis has to do with the parents.

While I was dealing with the muscular resistance in the “curved” areas of her back, I lead the girl to wonder what is the one thing that bothers her more in her relation to her parents. Which one of them is dominant? How does their pressure on her feel?

The combination of soft but persistent work on her resistance with talking brought the result. Her mother was the dominant. She was pressuring her with her intense personality, using food as a lever. She felt she was getting crushed by her mother’s insistence, she said. And then her body opened up. From the mother’s perspective the daughter was not eating enough nor very healthy. It became apparent during our talk that her mother was right about the girl not eating well.

Nevertheless, the way her mother was pressuring her, was making the daughter tighten up in a very reactive way and “twist away” from the painful and repetitive stimulus.

An image I have of scoliosis: A soft and sensitive kid -one that doesn’t express their emotions outwards- is feeling a lot of pressure and wants to shy away, but the parent is holding their arm. The child would leave, but there’s nowhere to go. They are needful, dependent of the powerful presence of the parent. A part of them pulls away, part glues to the parent.

The girl appeared to feel justified during the talk with me. I was feeling her resistance gradually withdrawing and setting her free. Her body straightened out on the massage table. We repeated the test at the end of the session. Her scoliosis just wasn’t there anymore.

While she was getting dressed, I talked to her mother in a low voice. I explained that regardless if she was right that her daughter

needed to eat more. The relationship had created this health problem and in fact, this pressure was also making her refuse to eat, reactively. Also, that this situation was not allowing the girl to wean, to develop independence in a matter so basic as “I eat when I am hungry”.

The mother appeared to understand and accept the argument. The girl came out in the waiting room lit by a wide smile. Her mother admired the result together with me.

Aligned both on the vertical and horizontal axis, the girl was tall with dignity, bright-faced and obviously more flexible.

Then the mother started on her favorite subject, food, in an apparent attempt to show that she has changed. She told her daughter that she is glad, that she understands she doesn’t have to interfere any more, and that she is sure that from now on her daughter will do the “proper” thing.

While the apparent attitude of the mother was approving and supportive, the girl’s expression changed momentarily. She started crying, excused herself and came out of the bathroom 10 minutes later, with a fake smile and a very obvious scoliosis.

Externally, consciously, the mother had supported her. In a level just under that, she had manipulated her again.

The daughter, who was studying far from her mother, visited me another two times. I didn’t have the pleasure to see her come to a session totally straight and flexible. But the change was obvious both physically and on her personality. She was more self-confident and outgoing.

Can i make it alone?

My most recent scoliosis case was a 17 year old teenager. His relationship to his father appeared great. The kid was polite, smiling, interesting but reserved. These are common attributes with the previous case, and -I think- with all the young scoliotic patients I have seen.

The orthopedic doctor that had diagnosed him with a recent progressive idiopathic scoliosis, had told both of them: "A cause? There is no cause". And he added: "You must hope that the kid will not grow any taller. Any more height will become scoliosis". In the low-voice talk I had with him at our first session, he brought out a possible cause of great intensity. In two months the kid would have to take tests that would determine if he would be accepted in the university. He is an average student with a low probability of success.

At the end of the session, the curve of his spine was still apparent. The visual change was small. But he had a significant change on his shoulders, which were now parallel to the ground. His upper back had "opened up" and he looked a bit like an athlete. His breathing, almost imperceptible in the beginning of the session, was now deep, liberated, and manly. The young man was glowing. His father glowed in the same way when he faced him and saw the changes. During the next 3 sessions, the results were in the same direction. The curve was still there, less apparent, together with an improved, wider upper back. He was standing taller now, perhaps by half an inch. He told me he felt more flexible, and not tiring as easily. He couldn't stop smiling at me and expressing his gratitude.

The bigger curve on the lower right ribs appeared to leave its tension when we worked on the massage table, but when he got up it appeared to be there again.

What appeared to be happening in that period was that the stimulus that created the issue was always there, maybe even intensifying as the time of the tests approached.

In one of these sessions I asked him more about it. Is it the stress of failure if he doesn't pass?

He told me that both outcomes stressed him. Maybe he was even more stressed by the possibility that he would pass and would have to leave his home.

He physically expressed a lot of fear telling me that. His body twisted and I had to bring him in contact with what was happening to him at a physical level, for him to help me solve it again.

His stress that he might be accepted at a university in a far away city and would have to leave home and to "take responsibility of himself" and that "there would be no excuses" (his own words) was bigger than the fear of failure. It was natural for this kid to experience the stress of "growing up".

What created or triggered his issue was the intensity at which he was experiencing it.

Maybe we had the same waning stress pattern in both cases?

I suggested to him to come back to me during the tests period, so that I might treat him with a combination of Functional Muscle Manipulation and reflexology, to help him avoid tightening up even more. And so it happened.

With the help of the treatment, his response to the stress of the tests was brilliant and unusual.

I was thinking that going through the hurdle of becoming independent; the physical contraction would be the least of our worries since it would be easier to solve the muscle pattern that twisted his spine, than the possible emotional trauma.

I wanted to suggest psychotherapy, but I felt that at this period of tests, both father and son might experience more stress at the thought that he needs the therapy.

The young man passed the tests and is now a student. He even started a romantic relationship with a young lady. Comparing to his prior outlook, he is self confident, he is outward and he talks about himself and his experiences in a comfortable way.

My comments and opinions

Reviewing several cases I had so far, I can put on the table that a big of 'idiopathic' (meaning: we don't understand the causes) scolioses may be related to emotional stress and the need to twist away from the painful stimulus.

Among those, I claim that Functional Muscle Manipulation can help many, especially when the internal -emotional- conflict seems to become -even temporarily- expressed and resolved during our discussion.

Among some that wouldn't be physically completely unwound, -where the back will not become permanently symmetrical- the Functional Muscle Manipulation offered elasticity, better breathing and enough functionality for the patient to be able to take on sports.

Those were able to extend their bodies without experiencing resistance, but when they are not stretching, the body seemingly falls back to its twisted position. So their problem becomes a lighter one, more a problem of image instead of functionality.

Although I could not achieve the cooperation with their orthopedic M.Ds that would support this, (orthopedics would not even talk to massage therapists in Greece a few years ago) I would hypothesize that in many cases where bone deformity exists, relieving the muscular contractions may liberate functionality, but cannot change the way the vertebrae have set in line.

In my opinion, in most of the cases, scoliosis does not start as a bone disease! Neither it is a mystical curse that passes from grandparent to grandson, about which we can't know anything more.

It's 'one of those' psychosomatic problems. It is an active process of contraction, expressing a psychological attempt to evade, to twist away, which has become an established psychosomatic pattern. Solving it is as easy and as hard as "telling" the person you put your healing hands on: "Listen, it's ok. You are not under threat here." This is what the Functional Muscle Manipulation specializes in: In a non-combative but convincing way, and dealing with the psychosomatic pattern of resistance itself, to help the body to let go of it's resistance and to unwind.

If researchers focused more on examining these causes and effects, a whole world could become revealed, now covered by the "hereditary" and the "unknown". A world of knowledge that could help a lot of people leads healthier and happier lives.

There is also a lack of interdisciplinary cooperation. I can't imagine scoliosis to be treated solely by psychotherapy, but I believe psychotherapy could work well with the functional/somatic approach.

Also, knowledge of the relation of the psyche to the soma and specifically of the mechanism that appears to be there in scoliosis, would help identify an emotional crisis through the symptoms of the body and potentially would help treat the causes and avoid the development of the problem. A holistic body worker's feedback to the psychotherapist would allow them to recognize the problem, look for the causes, while family counseling could resolve the traumatic family dynamics.

As far as the encouraging results I had with the Functional Muscle Manipulation, they are just a few cases I worked on so far. I will argue that after I teach the technique to enough fellow therapists and we have a significant number of cases treated successfully and recorded, the FMM may emerge as a key technique for the treatment of scoliosis.

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